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Fred Smith, Patent Application Specialist/ National Stage Division

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<input checked="" type="checkbox"/> Description <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input type="checkbox"/> Information Disclosure Statement(s) Filed on : 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
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<input type="checkbox"/> Change of Address	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
<input type="checkbox"/> Other : _____	

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Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

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